

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <b>2</b>		OFFICE USE ONLY					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Addie</b>	MI	Date Received  Date Hand-delivered or Date Postmarked  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> </table>		Receipt #	Amount	Legal	Totals
	Receipt #	Amount							
Legal	Totals								
NICKNAME	LAST <b>Wiseman</b>	SUFFIX							
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)			Date Hand-delivered or Date Postmarked  Receipt #      Amount Legal      Totals Date Processed Date Imaged					
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit								
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)								
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report								
5 ORIGINAL PERIOD COVERED		Month      Day      Year <b>01 / 01 / 04</b> THROUGH <b>06 / 31 / 04</b>							

## 6 EXPLANATION OF CORRECTION

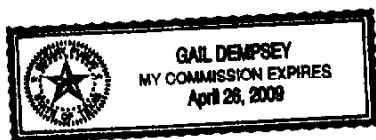
*Correction of address for Banc One Corp.  
Correction of complete name for Marmadai Reddy.*

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by **ADDIE WISEMAN** this the **17** day of **July**

20 **06** to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>1 of 1</b>	
2 FILER NAME <b>Addie Wiseman</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/3/04</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Marradai Reddy</b> 6 Contributor address: City: State: Zip Code <b>[REDACTED]</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>01/26/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Banc One Corp. PAC</b> Contributor address: City: State: Zip Code <b>[REDACTED]</b>	Amount of contribution (\$) <b>\$ 250.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

